

TOWN OF DAVIE
TOWN COUNCIL AGENDA REPORT

TO: Mayor and Council Members

FROM/PHONE: Tina Tysinger, Director / 954-797-1063

PREPARED BY: Tina Tysinger, Director / 954-797-1063

SUBJECT: Resolution

AFFECTED DISTRICT: Townwide

ITEM REQUEST: Schedule for Council Meeting

TITLE OF AGENDA ITEM: BID - A RESOLUTION OF THE TOWN OF DAVIE, FLORIDA, AUTHORIZING THE MAYOR TO ACCEPT THE QUOTE FROM ACS FIREHOUSE SOFTWARE, THE SOLE SOURCE PROVIDER, FOR THE FIREHOUSE RECORDS MANAGEMENT SOFTWARE. (\$49,355)

EXECUTIVE SUMMARY: The Town of Davie Fire Department is in need of records management software. The FireRMS software currently used is antiquated and needs to be replaced. Purchasing the Firehouse Software provides for advanced Fire and EMS reporting, Occupancy Management, Staff activities and training, apparatus and equipment inventory, and fire hydrant tracking. The mobile inspections module will reduce the amount of time staff spend on transferring paper inspections to electronic versions, and the inspections will be immediately sent from the field to the system, allowing for better management of fire inspections. This software is multifaceted and is going to help the Fire Resuce Department provide better service to the community.

KEY POINTS:

- Improve fire and EMS reporting
- Provides detailed inventory tracking
- Allows for Mobile Data Transmission
- Interfaces with current Telestaff scheduling program.
- Streamlines Fire and Business Inspections

CONCURRENCES:

FISCAL IMPACT: Yes

Has request been budgeted? Yes
If yes, expected cost: \$49,355.00

Account name and number: Technology & Equipment Maintenance 001-0620-522-6869

If no, amount needed:

What account name and number will funds be appropriated from:

Additional Comments: Budget Amendment Approved to transfer an additional \$25,000.00 to above account.

RECOMMENDATION(S): Motion to approve resolution

Attachment(s): Resolution, Sole Source Letter, Quote, W-9, Vendor Bidder, Sunbiz Paperwork

RESOLUTION _____

A RESOLUTION OF THE TOWN OF DAVIE, FLORIDA, AUTHORIZING THE MAYOR TO ACCEPT THE QUOTE FROM ACS FIREHOUSE SOFTWARE, THE SOLE SOURCE PROVIDER, FOR THE FIREHOUSE RECORDS MANAGEMENT SOFTWARE .

WHEREAS, the Town is in need of a records management system for the Fire Department; and

WHEREAS, ACS Firehouse Software is the sole source provider for the Firehouse Software product; and

WHEREAS, after review, formal bidding is waived and the Town accepts the quote from ACS Firehouse Software as a sole source provider for Firehouse Records Management Software.

NOW THEREFORE, BE IT RESOLVED BY THE TOWN COUNCIL OF THE TOWN OF DAVIE, FLORIDA:

SECTION 1. The Town Council hereby waives formal bidding and accepts the quote from ACS Firehouse Software, as a sole source supplier of said software.

SECTION 2. The Town Council hereby authorizes the expenditure from the Fire Technology Computer Expenses and Maintenance Account 001-0620-522-6869 for purchase of said software.

SECTION 3. This resolution shall take effect immediately upon its passage and adoption.

PASSED AND ADOPTED THIS _____ DAY OF _____ ,
2010

MAYOR/COUNCILMEMBER
ATTEST:

TOWN CLERK

APPROVED THIS _____ DAY OF _____, 2010



A **xerox**  Company

FIREHOUSE
Software®

ACS is now a Xerox company

April 9, 2010

Frank Suriano
Assistant Fire Chief
6901 Orange Drive
Davie, FL 33314

Assistant Chief Suriano,

Affiliated Computer Services Inc. now a Xerox Company (ACS) develops, markets, and supports FIREHOUSE Software®. We are the sole retailer of this product and the only Fire RMS system in the industry with full station management integration.

No other product on the market today in the Fire RMS business gives the user the ability to design validation rules for saving records throughout the FH system, or specify default values to add to any field in the system when you create new records. The validation rules you specify are flexible. Every field for data entry forms can be required at all times, or required based on values from other fields in the record. When you add conditions that must be met for a field value to be acceptable, you also control the error message displayed to help the person entering the record correct the value. Default values can be added for fields in data entry forms in all areas. The specified default values are automatically added when new records are added.

No other product will allow you to design custom imports of external data directly into FIREHOUSE Software from DBF or ASCII files.

FIREHOUSE Software gives you the ability to design queries and reports that allows you to customize how you retrieve data out of the system.

User defined fields allow you to add new fields for tracking your department's data. Define the type of data for your user-defined field, and select what type of control to include on the form for entering the data. User fields take advantage of system rules and default values, so you can control when user fields are required. Use lookups for your user fields when you want to specify allowable values.

Thank you for your interest in FIREHOUSE Software®.

Regards,

Justin Powell
Sales Executive
ACS FIREHOUSE Software

ACS Government Solutions
2900 100th St Ste 309, Urbandale, IA 50322
800.921.5300 • 515.288.4825 (fax)

ACS FIREHOUSE Software
 2900 100th St Suite 309
 Urbandale, Iowa 50322
 Phone: 800-921-5300
 Fax: 515-288-4825
 E-Mail: justin.powell@acs-inc.com



Estimate 16767

CUSTOMER NO. 032110

15 USER FH ENTERPRISE

BILL TO:

Davie Fire Rescue Department
 6901 Orange Dr
 Davie, FL 33314

SHIP TO:

Davie Fire Rescue Department
 Frank Suriano
 6901 Orange Drive
 Davie, FL 33314
 Phone: 954-797-1063 Fax: 954-797-1049

REP

P.O. NUMBER

TERMS

QUOTE DATE

EXPIRATION DATE

SHIP VIA

Justin Powell

4/12/2010

6/9/2010

Part Number	Description	Qty	Each	Amount
320001	FH Enterprise Bundled System Modules included are Fire and EMS Reporting, Staff Activities and Training, Occupancy Management, Apparatus Equipment and Inventory, Hydrant Tracking	1	\$5,995.00	\$5,995.00
320002	FH Enterprise Additional User	14	\$820.00	\$11,480.00
320003	FH Enterprise Accounts Receivable Module	1	\$1,930.00	\$1,930.00
320008	FH Enterprise A/R Module Additional User	14	\$265.00	\$3,710.00
342003	FH Enterprise Motorola Printrack CAD Interface	1	\$7,695.00	\$7,695.00
SubTotal	SUBTOTAL - FH ENTERPRISE LICENSE COST			\$30,810.00
372005	FH Enterprise Complete System Support	1	\$895.00	\$895.00
372001	FH Enterprise Additional User Support	14	\$170.00	\$2,380.00
372006	FH Enterprise A/R Module Support	1	\$170.00	\$170.00
372007	FH Enterprise Additional User Support A/R Module	14	\$55.00	\$770.00
372003	FH Enterprise Printrack CAD Monitor Support	1	\$1,475.00	\$1,475.00
SubTotal	SUBTOTAL - FH ENTERPRISE ANNUAL SUPPORT COST			\$5,690.00
360027	FH Telestaff Roster Interface	1	\$2,600.00	\$2,600.00

360011	2009 NFPA 1 Uniform Fire Codes	1	\$1,000.00	\$1,000.00
360011	2009 NFPA 101 Life Safety Violation Codes	1	\$1,500.00	\$1,500.00
SubTotal	SUBTOTAL - FH Optional Features			\$5,100.00
350011	FH Mobile Inspections	6	\$885.00	\$5,310.00
375003	FH Mobile Inspections Support	6	\$110.00	\$660.00
SubTotal	SUBTOTAL - FH Mobile Occupancy/Inspections			\$5,970.00
Continued..				

ACS FIREHOUSE Software
2900 100th St Suite 309
Urbandale, Iowa 50322
Phone: 800-921-5300
Fax: 515-288-4825
Web: www.firehousesoftware.com
E-Mail: jason.trotter@acs-inc.com

CUSTOMER NO. 032110

Quotation
16767 (Continued)

Part Number	Description	Qty	Each	Amount
380003	8 Hours Custom Internet Based Training (24 Hours Total)	3	\$595.00	\$1,785.00
			Sales Tax (%) :	\$0.00
			Quotation Total:	\$49,355.00

Quotation Acceptance:

Signature :

Print Name:

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Michael A. Mauro

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Summary

Searched: **acs firehouse**[Print Certificate of Authorization](#)

Corp No.	Legal Name	Status
279456	ACS GOVERNMENT SYSTEMS, INC.	Active
Type	State of Inc.	Modified
Legal	DE	No
Expiration Date	Effective Date	Filing Date
PERPETUAL	5/7/2003	5/7/2003
Chapter		
CODE 490 FOREIGN PROFIT		

Names (viewing 3 of 4)

Type	Status	Modified	Name
Legal	Active	No	ACS GOVERNMENT SYSTEMS, INC.
Fictitious name	Active	No	ACS FIREHOUSE SOLUTIONS
Fictitious name	Active	No	FIREHOUSE SOFTWARE

Registered Agent or Reserving Party

Full Name	CORPORATION SERVICE COMPANY
Address	505 5TH AVENUE
Address 2	SUITE 729
City, ST, Zip	DES MOINES, IA, 50309

Home Office

Full Name	
Address	1733 HARRODSBURG RD
Address 2	
City, ST, Zip	LEXINGTON, KY, 40504

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Form W-9 (Rev. October 2007) Department of the Treasury Internal Revenue Service	Request for Taxpayer Identification Number and Certification		Give form to the requester. Do not send to the IRS.
	Name (as shown on your income tax return) Avolve Software Corp		
	Business name, if different from above		
	Check appropriate box: <input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶		
	Address (number, street, and apt. or suite no.) 4835 East Cactus Road Suite 420		
Print or type See Specific Instructions on page 2.	City, state, and ZIP code Scottsdale, AZ 85254		Requester's name and address (optional)
	List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number	
or	
Employer identification number	
26	4081788

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶ <i>[Signature]</i>	Date ▶ 4-20-2010
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien.
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States.
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

Town of Davie Vendor/Bidder Disclosure

I, Carl Strain, being first duly sworn state that:
The full legal name and business address of the person(s) or entity contracting with the Town of Davie ("Town") are as follows (Post Office addresses are not acceptable):

Name of Individual, Firm, or Organization: Avolve Software Corp
Address: 4835 E Cactus Rd
Suite 420, Scottsdale AZ 85254
FEIN 26-4081788
State and date of incorporation Delaware 2007

OWNERSHIP DISCLOSURE AFFIDAVIT

1. If the contract or business transaction is with a corporation, the full legal name and business address shall be provided for each officer and director and each stockholder who directly or indirectly holds five percent (5%) or more of the corporation's stock. If the contract or business transaction is with a trust, the full name and address shall be provided for each trustee and each beneficiary. All such names and address are as follows (Post Office addresses are not acceptable):

Names, Addresses, and Titles of Individual Who Will Lobby:

Full Legal Name	Address	Ownership
<u>Gary Heath</u>	<u>7501 E. Corrine Dr, Scottsdale AZ</u>	<u>61.99</u> %
<u>Carl Strain</u>	<u>3063 W Sousa, Anthem AZ</u>	<u>11.09</u> %
<u>Ronald Loback</u>	<u>3717 Newcomind Dr, Carefree AZ</u>	<u>8.51</u> %
		%

2. The full legal names and business addresses of any other individual (other than subcontractors, materialmen, suppliers, laborers, and lenders) who have, or will have, any legal, equitable, or beneficial interest in the contract or business transaction with the Town are as follows (Post Office addresses are not acceptable):

Full Legal Name

Address

N/A

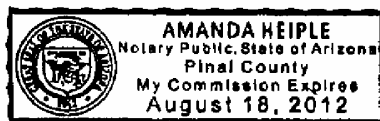
By: Carl E. Strain
Signature of Affiant

Date: May 21, 2010

Carl E. Strain
Print Name

SUBSCRIBED AND SWORN TO or affirmed before me this 21 day of May, 2010, by Carl Strain, he/she is personally known to me or has presented personally known as identification.

Amanda Heiple
Notary Public, State of Florida at Large



Print or Stamp of Notary

Serial Number

My Commission Expires: 8/18/2012